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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769045** (6)

1. Corporation Name

THE RETIRED OFFICERS CLUB OF SARASOTA INC.



Principal Place of Business P. O. BOX 34230-1016 SARASOTA FL 34230-8016	Mailing Address P. O. BOX 34230-1016 SARASOTA FL 34230-8016
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3. Date Incorporated or Qualified 06/22/1983	Applied For ☐	Not Applicable ☒
4. FEI Number 59-2061358		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

6. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent WELCH, ELLIOT J. 4701 PINEHARRIER DRIVE SARASOTA FL 34231	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDER, BOBBIE B 5173 FLICKER FIELD CIRCLE SARASOTA FL 34231 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELCH, ELLIOT J 4701 PINE HARRIER DR. SARASOTA FL 34231 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ DELETE GEIGER, ROBERT K 3273 CHAS MACDONALD DRIVE SARASOTA FL 34240-8714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, MICHAEL 4727 ELDERBERRY DRIVE SARASOTA FL 34241 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V/D ☒ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	V/D ☐ Change ☒ Addition DUNNING, ROBERT M. 4940 WINDFLOWER CIR. SARASOTA, FL 34241
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cecilia J. Welch* J. WELCH MARCH 8, 1998 741-366-7070

CP2E037 (10/97)